

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, February 25, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Collens called the meeting to order.

Present: Chairman Lewis M. Collens and Director Wayne M. Lerner, DPH, FACHE (2)
Director Ada Mary Gugenheim

Present

Telephonically: Director Luis Muñoz, MD, MPH (1)

Absent: None (0)

Chairman Collens stated that Director Muñoz was unable to be physically present, but was able to participate in the meeting telephonically.

Director Lerner, seconded by Chairman Collens, moved to allow Director Muñoz to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Director Muñoz indicated his presence telephonically.

Additional attendees and/or presenters were:

Krishna Das, MD – System Director of Quality,
Patient Safety, Regulatory and Accreditation
Anwer Hussain, MD – Provident Hospital of Cook
County
Randolph Johnston –System Associate General
Counsel
Ram Raju, MD, MBA, FACS, FACHE – Chief
Executive Officer

Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief of Clinical
Integration
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of
Cook County
Sharon Welbel, MD – System Chief of Infection
Control

II. Public Speakers

Chairman Collens asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, System Chief Quality Officer, provided an update on regulatory and accreditation visits. She stated that staff is awaiting visits from surveyors from The Joint Commission to the Ambulatory and Community Health Network of Cook County (ACHN) and to Provident Hospital of Cook County. She stated that, from a timing perspective, they are near the end of the window of time for the visit to ACHN, as the last survey took place in April.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates (continued)

The other matter relates to a for-cause survey by Illinois Department of Public Health (IDPH) staff that took place in January, which was based on a patient complaint that was submitted to the Centers for Medicare and Medicaid Services (CMS). The official report has been received on the survey; the hospital was found to have no condition-level deficiencies in the report. She noted that, usually when they do a survey, they leave it up to the hospital administration to provide a response, which is due within thirty days; a response will be provided, with planned actions.

B. Publicly Reported Ratings

There were no updates to provide on this subject.

C. Quarterly Quality Report – 4th Quarter 2013 (Attachment #1)

Dr. Das provided an overview of the Quarterly Quality Report. The Committee reviewed and discussed the information.

During the discussion of the information on slide 3 of the presentation, regarding Emergency Department (ED) wait to be seen time, Dr. Das stated that the target is currently set at 120 minutes. Last year the target was set at 150 minutes, but because the targets were being consistently exceeded, the targets were re-set one year ago from 150 to 120 minutes. Chairman Collens inquired regarding the baseline for hospitals that are comparable to Stroger Hospital. Dr. Das responded that CMS presents the national median, which is approximately 30-45 minutes. Staff has tried to get a median figure for the safety-net hospitals; she noted that the number will be higher than what is presented by CMS. Director Lerner recommended that staff contact America's Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems) or University HealthSystem Consortium (UHC) to see if they have any statistics in this area. He noted that, even if one were to do a composite of all safety net hospitals in Chicago, there is such variability that they would not be equivalent to Stroger Hospital. Dr. Das stated that she will contact them to get a baseline. Director Lerner remarked that it would be beneficial if, at some point in the future, the Committee can have a further discussion about the establishment of objective baselines¹.

With regard to the indicators on slide 3 pertaining to inpatient operational efficiencies, it was noted that both Stroger and Provident Hospitals have same targets. Director Lerner stated that, at some point in the future, once the operations improvement teams have been operating in both places, the Committee should do a deep dive on these issues to determine what is the realistic level to target in order to better treat patients, while recognizing that there will be ED frequenters and people coming into the ED for shelter. Dr. Das stated that she will provide a follow-up session on this subject².

With regard to the information presented on patient satisfaction, Chairman Collens inquired whether there are there one or two specific complaints that get mentioned in the surveys. Dr. Das stated that there are two major groups of drivers: the first group is related to cleanliness/environment; and the second group seems to be communication with nursing staff, along with several nursing-specific features. Dr. Das added that she would be happy to do a more detailed presentation on patient satisfaction in the future, together with the Chief Operating Officers³.

III. Report from System Chief Quality Officer

C. Quarterly Quality Report – 4th Quarter 2013 (continued)

Director Gugenheim inquired regarding the mechanisms in place to share this information with staff. Dr. Das stated that, last year, the administration had an initiative that took place around mid-year where it was shared with physician and nursing leadership at both hospitals; ACHN had a similar initiative where it was also shared with their leadership. When presenting to those groups, the administration asked that the information be shared with other groups, including the Executive Medical Staffs and within the departments, so that the data could be pushed down to the front line level. She noted that the nursing units actually post their nursing satisfaction data on every unit of the hospital, so employees can see where they are and how they compare to the other nursing units, and can see what changes they have been able to make over the year.

During the discussion of the indicator on slide 7 regarding the percentage of patients incarcerated whose diabetes are being controlled (measure of diabetes controlled within target), there were several questions posed regarding the reasons why the target and actual outcomes data appear to be low. Several factors that influence the ability to control diabetes, including those specific to a jail setting, were mentioned, including the factor that diabetes treatment is never a perfect science - every diabetic detainee is treated, but like any other disease, the treatment is only effective to a certain degree.

Dr. Das stated that this is a fairly aggressive target for diabetes control; 43% is reasonable – it is probably not ideal and should be better, but if one looks throughout the country, that is where the measures have been set. It was noted that this indicator is mandated by the Department of Justice. Dr. Ram Raju, Chief Executive Officer, provided additional comments. He stated that everyone is treated, but the question is regarding the measurement of outcome - how many diabetic detainees do better with treatment is what is being measured. Director Lerner remarked that this is exactly the kind of problem that he expects to see with CountyCare patients who have, in the past, gone without consistent care. Setting quality indicators for the CountyCare population will be critically important, but he stated that Chairman Collens brings up a good point - Board Members have to 1) understand the sequelae; 2) understand the impact of the outcome; and 3) understand the feasibility of achieving that outcome.

During the discussion of the outpatient services indicators relating to ACHN, Dr. Das noted that a more detailed presentation can be made by representatives from ACHN on that subject in the future⁴.

D. 2013 Report on Infection Control (Attachment #2)

Dr. Sharon Welbel, System Chief of Infection Control, provided an overview of the 2013 Report on Infection Control. Subjects contained in the report included the following: Surveillance; Device-Related Infections; Surgical Site Infection; Multi-Drug Resistant Organisms; and Compliance Monitoring. The Committee reviewed and discussed the information.

IV. Action Items

A. **Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Director Lerner, seconded by Chairman Collens, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees

- i. Provident Hospital of Cook County**
- ii. John H. Stroger, Jr. Hospital of Cook County**

The reports from Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and from Dr. Anwer Hussain, President of the EMS of Provident Hospital of Cook County, were deferred to the meeting in March.

VI. Closed Session Items

- A. **Medical Staff Appointments/Re-appointments/Changes**
- B. Litigation Matter(s)**

The Committee did not recess the regular session and convene in closed session.

VII. Adjourn

As the agenda was exhausted, Chairman Collens declared that the meeting was
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Lewis M. Collens, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow up: Future discussion regarding the establishment of objective baselines. Page 2.

² Follow-up: Future discussion regarding setting targets for inpatient operational efficiencies for both Stroger and Provident Hospitals. Page 2.

³ Follow-up: More detailed presentation on patient satisfaction to be made at future meeting. Page 2.

⁴ Follow-up: More detailed presentation to be made by representatives from ACHN on outpatient services indicators at future meeting. Page 3.

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ATTACHMENT #1



Key Quality Indicators

Quarter 4 2013 Report

Cook County Health and Hospitals System

Quality and Patient Safety Committee

Cook County Health and Hospitals System Board of Directors

February 25th 2014



Inpatient Services

John H. Stroger, Jr. Hospital
Provident Hospital
Cermak Health Services

Inpatient Services – Operational Efficiencies

Indicator	FY 2013 Q1 Actual	FY 2013 Q2 Actual	FY 2013 Q3 Actual	FY 2013 Q4 Actual	2013 Target	2013 Q4 Variance
Stroger						
Emergency dept. volume	34,352	34,073	34,818	32,775	-	-
ED Wait to be seen (minutes)	117	110	140*	94	120	(22%)
% Left w/o being seen (LWBS)	9.5%	7.5%	9.3%	7.8%	8%	(0.2%)
Provident						
Emergency dept. volume	8,685	8,881	9,340	8,804	-	-
ED wait to be seen (minutes)	156	129	117	117	120	(2.5%)
% Left w/o being seen (LWBS)	11.2%	7.3%	8.6%	7%	8%	(1%)
Cermak Health Services						
Health Nurse face to face assessment completed (hours)	92	88	79	99	24	312%

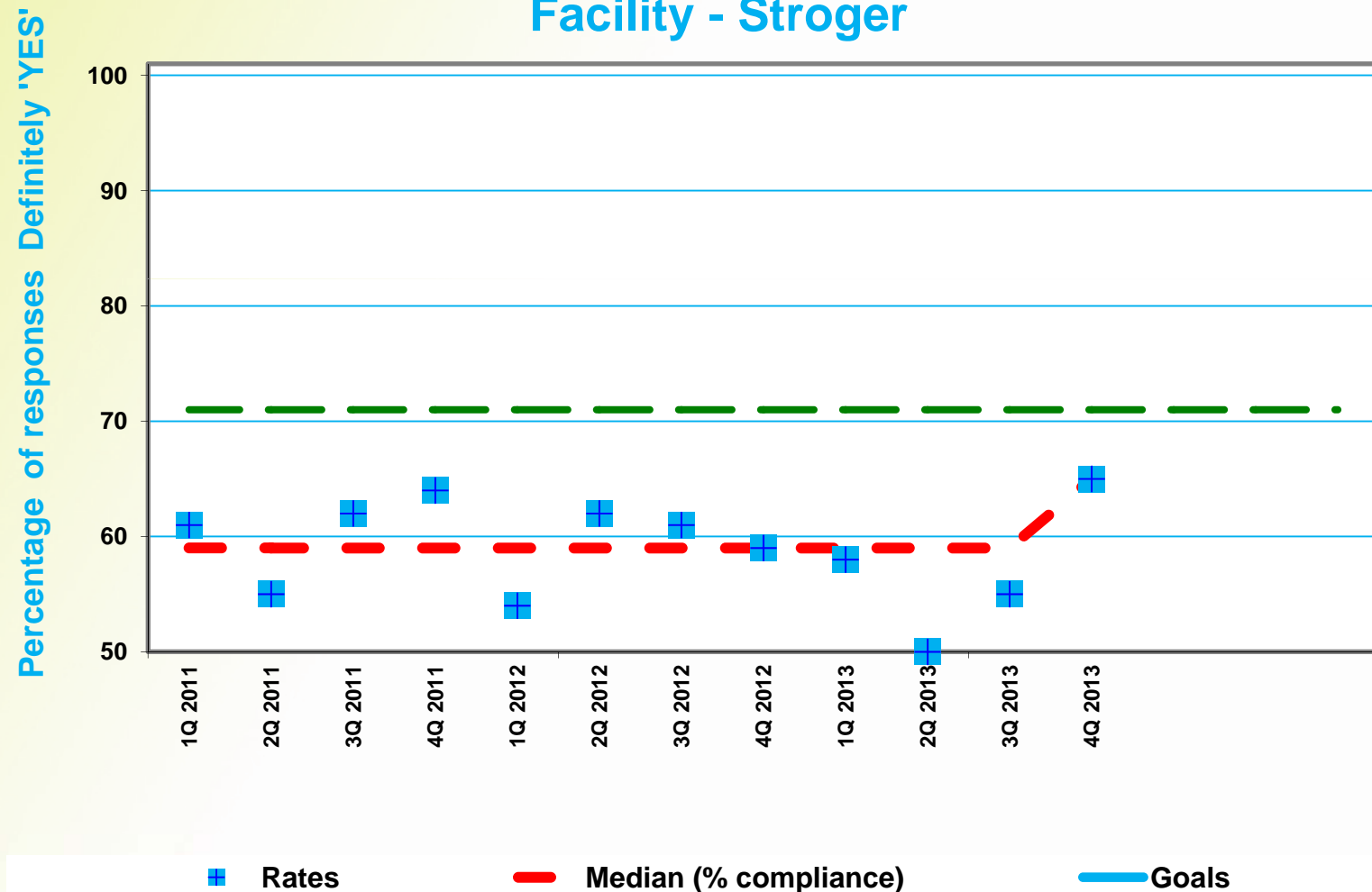
Inpatient Services – Patient Satisfaction

Affiliate/ Indicator	CY 2013 Q1 Actual	CY 2013 Q2 Actual	CY 2013 Q3 Actual	CY 2013 Q4 Actual	2013 Target	2013 Q4 Variance
Stroger						
% Patients 'definitely' recommend this hospital	64%	57%	61%	65%	70%	(5%)
Provident						
% Patients 'definitely' recommend this hospital	56%	55%	58%	68%	70%	(2%)

Affiliate/ Indicator	CY 2013 Q1 Actual	CY 2013 Q2 Actual	CY 2013 Q3 Actual	2013 Target	2013 Variance
Cermak Health Services					
% of grievances responded to in 10 days	85%	87%	83%	95%	(12%)

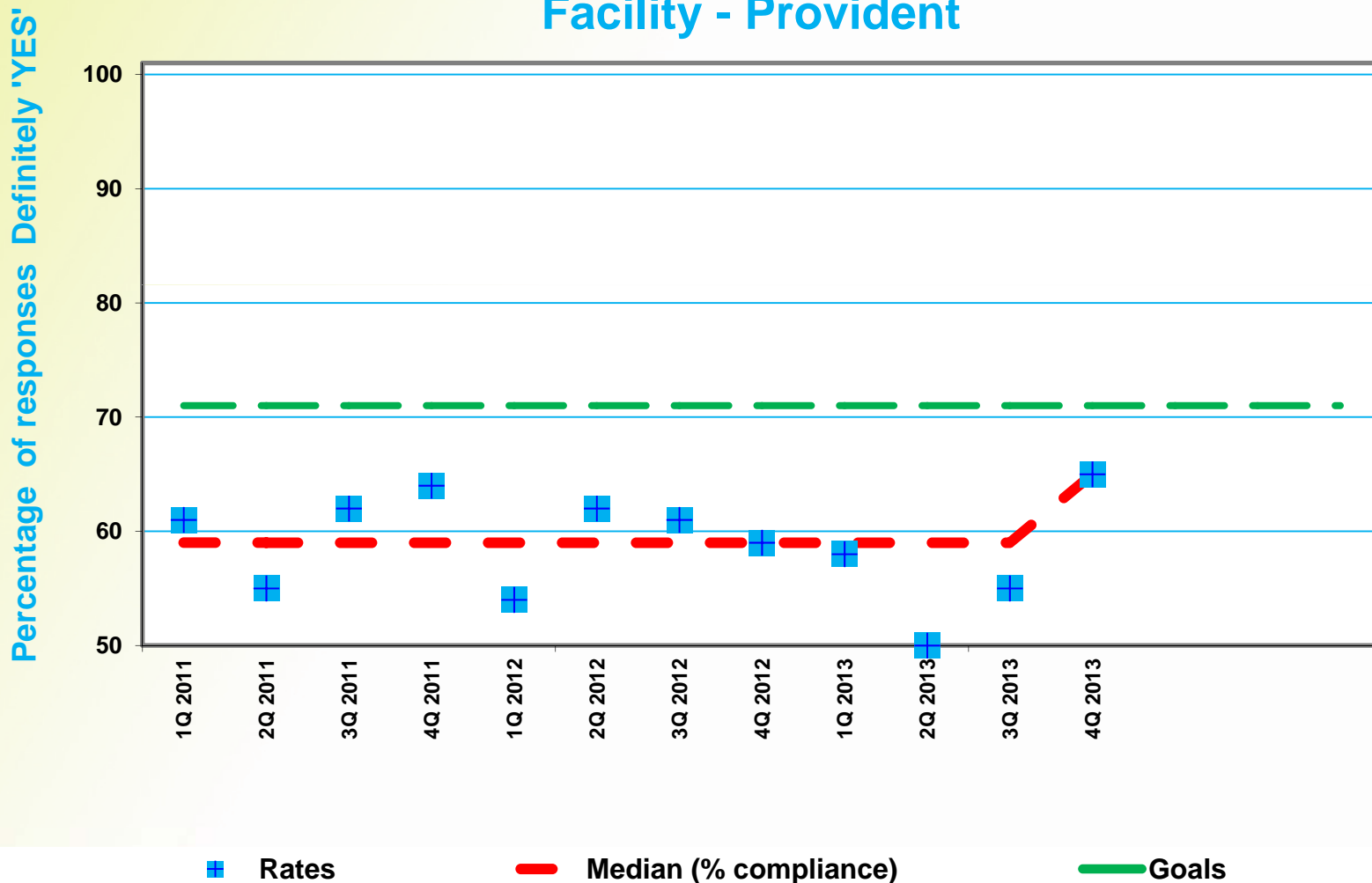
Inpatient Services – Patient Satisfaction (Stroger)

Patient Experience: Willing to Recommend Facility - Stroger



Inpatient Services – Patient Satisfaction (Provident)

Patient Experience: Willing to Recommend Facility - Provident



Inpatient – Quality of Care

Affiliate/ Indicator	CY 2012 Q4	CY 2013 Q1	CY 2013 Q2	CY 2013 Q3	2013 Target	2013 Q3 Variance
Stroger						
Heart failure measures	97.8%	96.7%	96.6%	97.2%	97%	0.2%
Pneumonia care measures	85.2%	95.6%	89.2%	91.5%	95.5%	(4%)
Surgical care measures	96.8%	97.8%	98.3%	99%	98.3%	0.7%
Heart failure measures	92.4%	94.2%	91.9%	100%	97%	3%
Pneumonia care measures	94.4%	89.2%	83.3%	91.3%	95.5%	(4.2%)
Surgical care measures	98.9%	98.7%	99.1%	97.4%	98.3%	(0.9%)

Affiliate/ Indicator	CY 2012 Q4 Actual	CY 2013 Q1 Actual	CY 2013 Q2 Actual	CY 2013 Q3 Actual	2013 Target	2013 Q3 Variance
% patients incarcerated > 120 days with HgA1C < 7%	51%	48%	39%	45%	43%	2%

Outpatient Services

Ambulatory and Community Health Network
Ruth M. Rothstein CORE Center
Cook County Department of Public Health

Outpatient Services – Operational Efficiencies

Affiliate/ Indicator	FY 2012 YE Actual	FY 2013 Q1 Actual	FY 2013 Q2 Actual	FY 2013 Q3 Actual	FY 2013 Q4 Actual	2013 Target	Q3 2013 Variance
ACHN							
No. of days to 3 rd next available appointment for new primary care – Oak Forest	28	40	46	51	66	30	120%
No. of patients referred and waiting > 21 days for gynecology clinic	1,686	1,829	1,210	1059	793	1,200	(34%)
CORE							
% of new patient visits scheduled within 10 business days	99%	100%	100%	100%	100%	100%	0%

Outpatient Services – Quality of Care

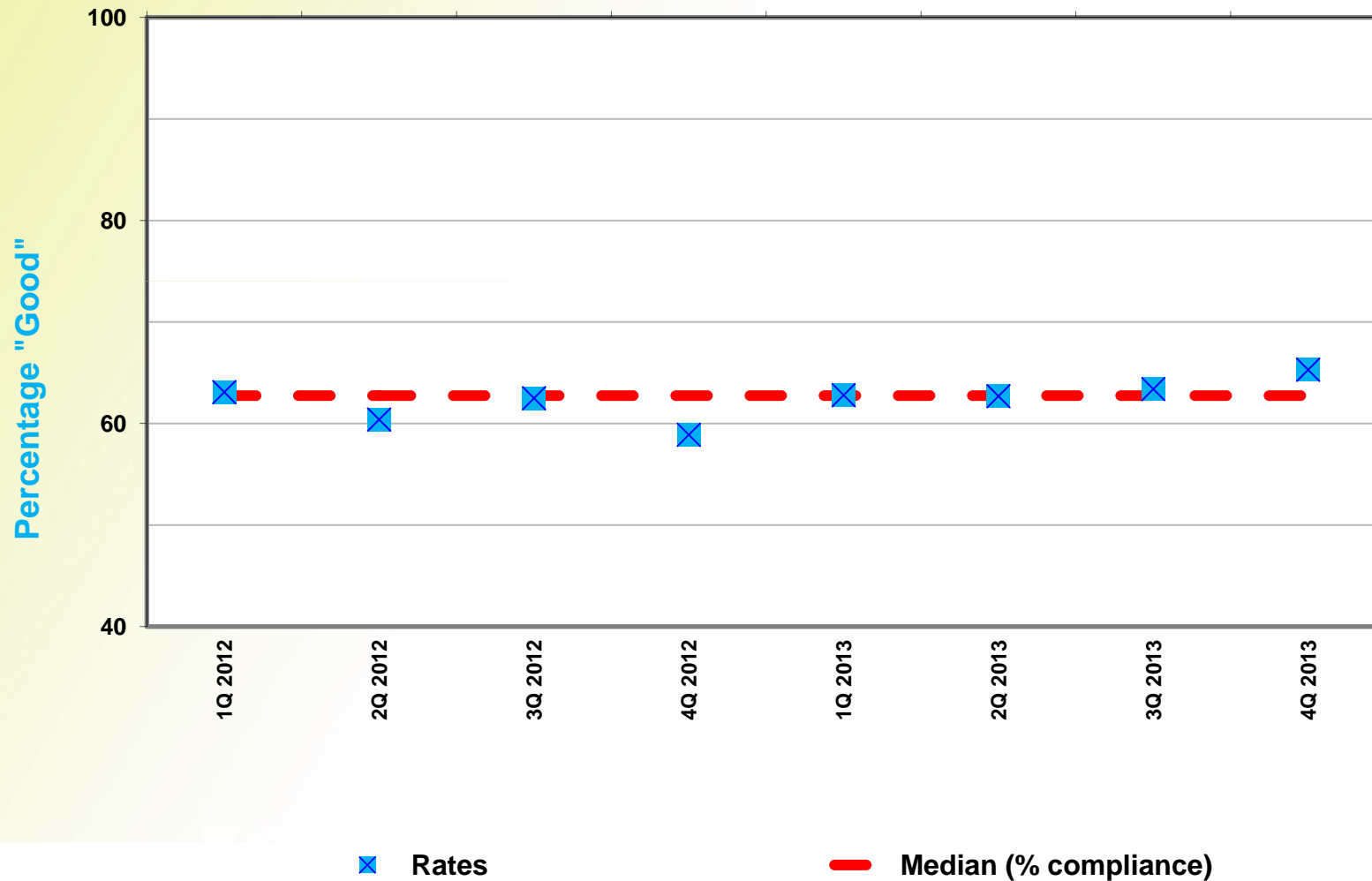
Affiliate/ Indicator	2012 Q4 Actual	2013 Q1 Actual	2013 Q2 Actual	2013 Q3 Actual	2013 Target	2013 Q2 Variance
ACHN						
% of up-to-date vaccinations in children at 24 months	78%	NA	68%	75%	72%	3%
% of diabetics age 18-65 with at least one HgA1C in the last year	87%	88%	90%	91%	82%	9%
% of diabetics age 18-65 with HgA1C > 9	24%	26%	24%	23%	<29%	(6%)
CORE						
No. of eligible patients having routine opt-out HIV test	17,943	18,167	17,865	15,170		
% of patients on ART with most recent viral load of < 1000	87%	84%	86%	86%	>90%	(4%)

Oupatient Services – Patient Satisfaction

Affiliate/ Indicator	CY 2013 Q1 Actual	CY 2013 Q2 Actual	CY 2013 Q3 Actual	CY 2013 Q4 Actual	2013 Target	2013 Q2 YTD Variance
ACHN						
Moving through the clinic visit	53%	54%	63.4%	65.3%	75%	(9.7%)
Ease of getting the clinic on the phone	57.3%	58.7%	59.3%	60.1%	75%	(14.9)

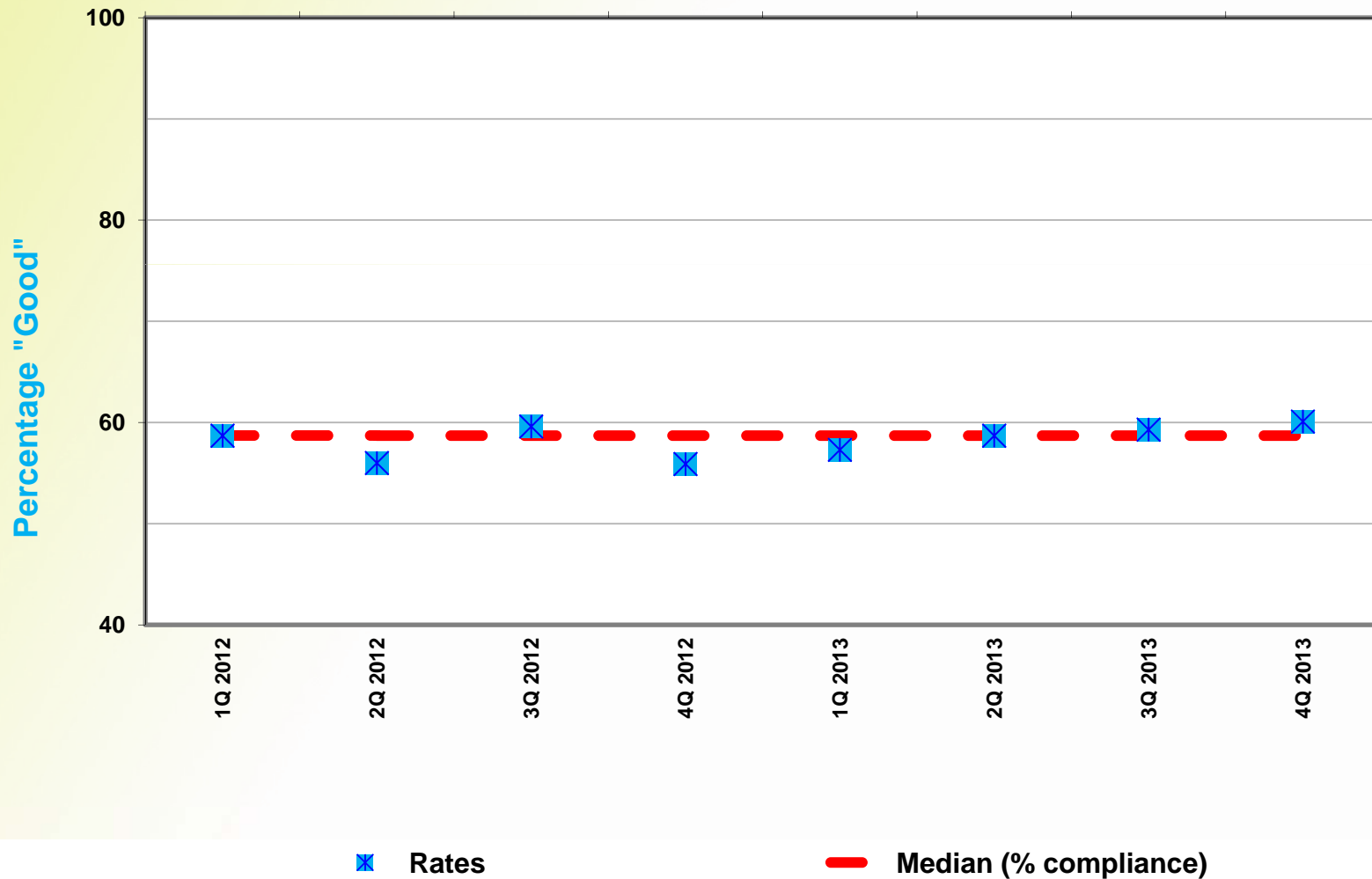
ACHN Satisfaction

Ease of Moving through the Clinic



ACHN Satisfaction

Ease of Reaching Clinic on the Phone



Questions & Wrap Up

Cook County Health and Hospitals System
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ATTACHMENT #2

Infection Control Report

Sharon Welbel, MD, System Chief of Infection Control

February 25th, 2014
Quality and Patient Safety Committee
CCHHS Board of Directors

Infection Control Department

Chief: Sharon Welbel, MD

Infection Control Practitioners

Delia De Guzman, MSN, RN

Onofre Donceras, MS, RN

Gerry Genovese, MS, CIC, RN

Thelma Lim, MS, RN

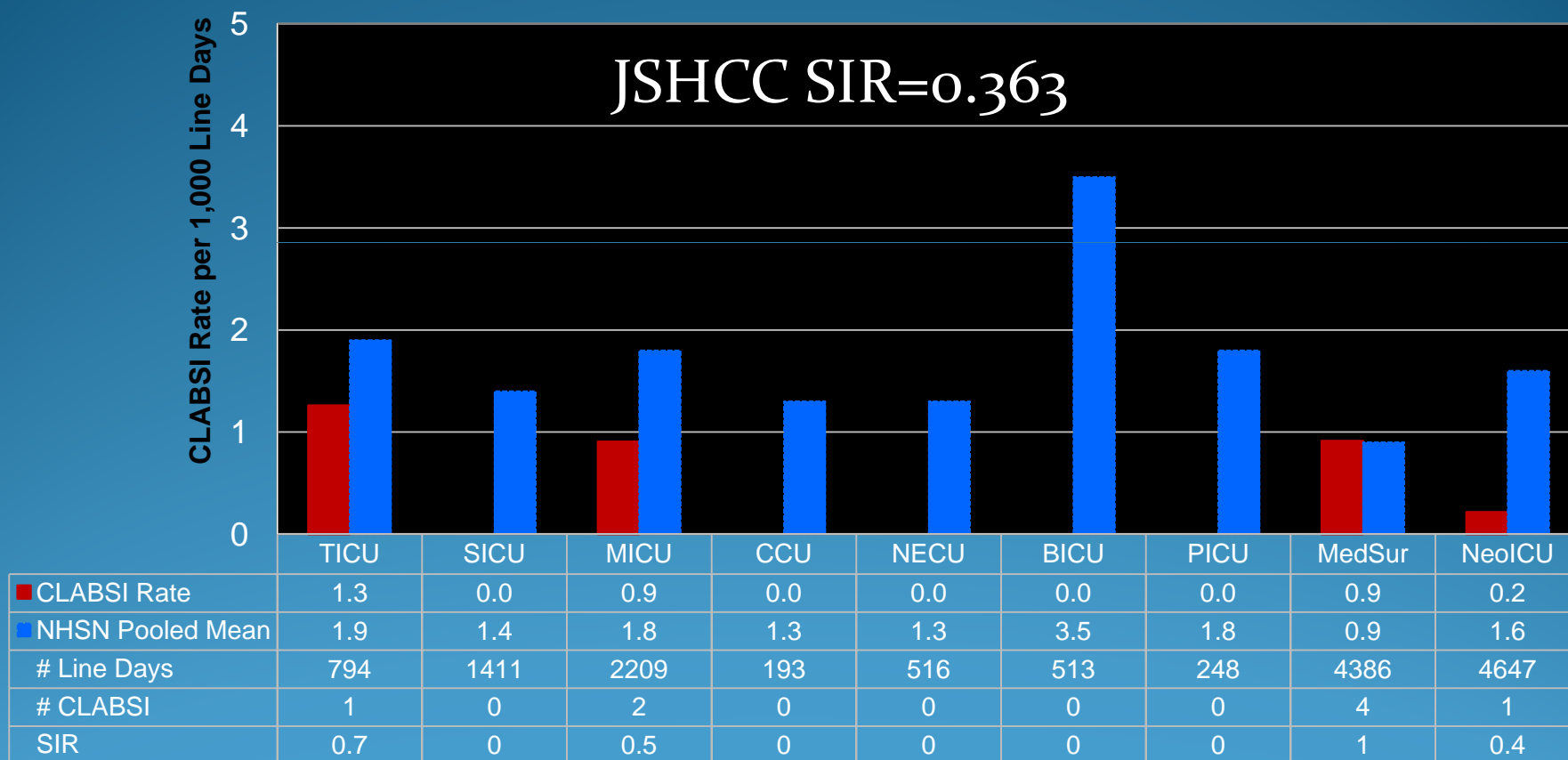
Surveillance

- Device Related Infection Surveillance
 - Central line associated bloodstream infections (CLABSI)
 - Bloodstream infections (BSI)-Dialysis Unit
 - Ventilator associated pneumonia (VAP)
 - Catheter associated urinary tract infection (CAUTI)
- Surgical Site Infections
 - Heart surgery
 - Obstetrics and Gynecology
 - Laminectomy (Back Surgery)
 - Total Knee replacement
 - Colon
- Multi-Drug Resistant Infections

Device Related Infections

Central Line Associated Bloodstream Infections (CLABSI)

January 2013 –October 2013



• SIR= Standardized Infection Ratio= is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

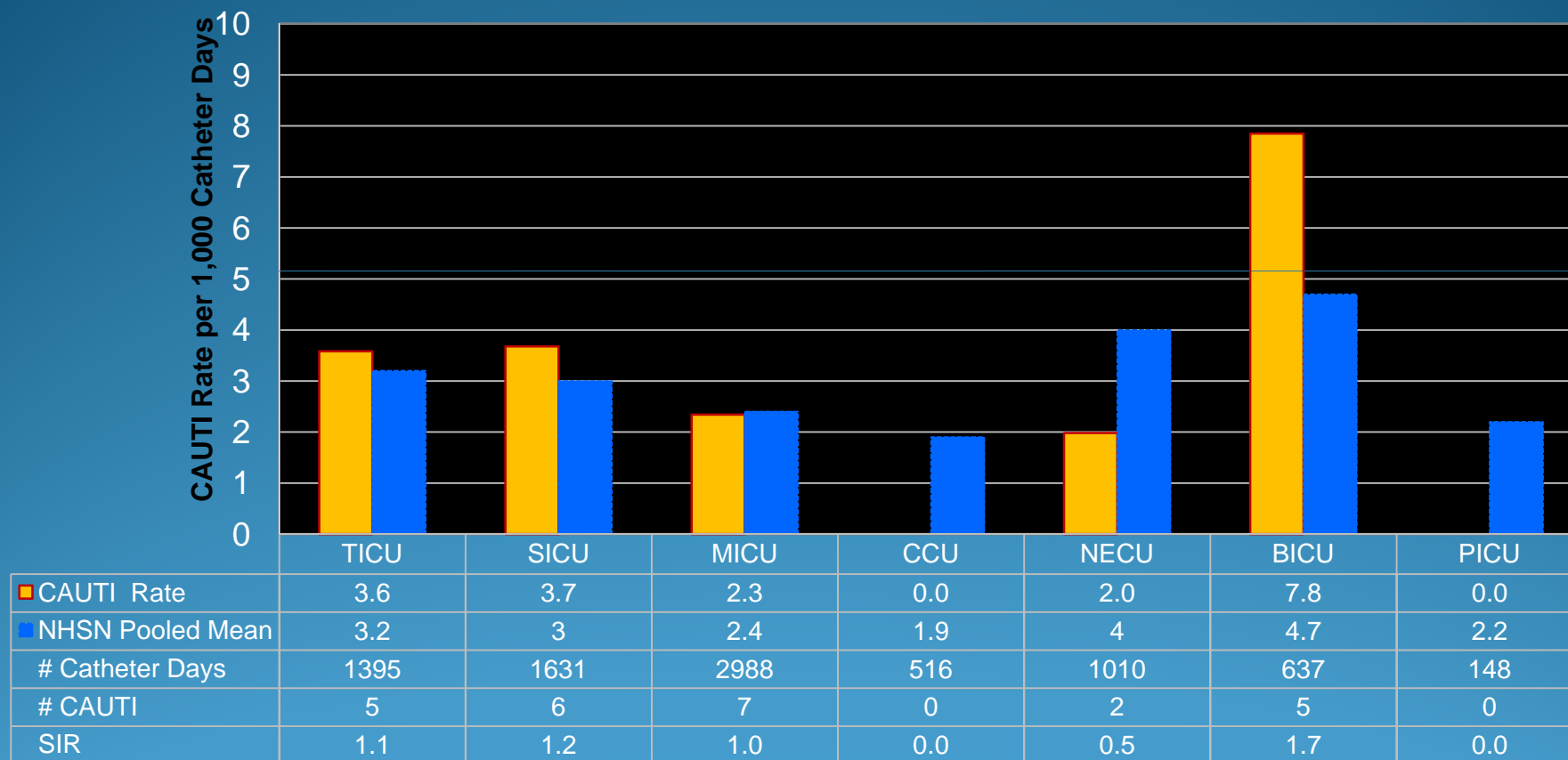
• NHSN- National Healthcare Safety Network

CCHHS Plan for Prevention of CLABSI

- Insertion
 - Hand hygiene
 - Catheter kit
 - Sterile gown, gloves, large drape, masks and caps
 - Chlorhexidine for skin preparation
- Maintenance
 - Site care with chlorhexidine
 - Disinfection of catheter hubs, connectors, injection ports
 - Chlorhexidine impregnated dressing
 - Bathe adult ICU patients with chlorhexidine
- Remove nonessential catheters
- Surveillance for CLABSI
 - Risk assessment-monitor effectiveness and compliance with evidence based practice

Catheter Associated Urinary Tract Infections (CAUTI)

January 2013-October 2013



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• NHSN- National Healthcare Safety Network

Surgical Site Infections

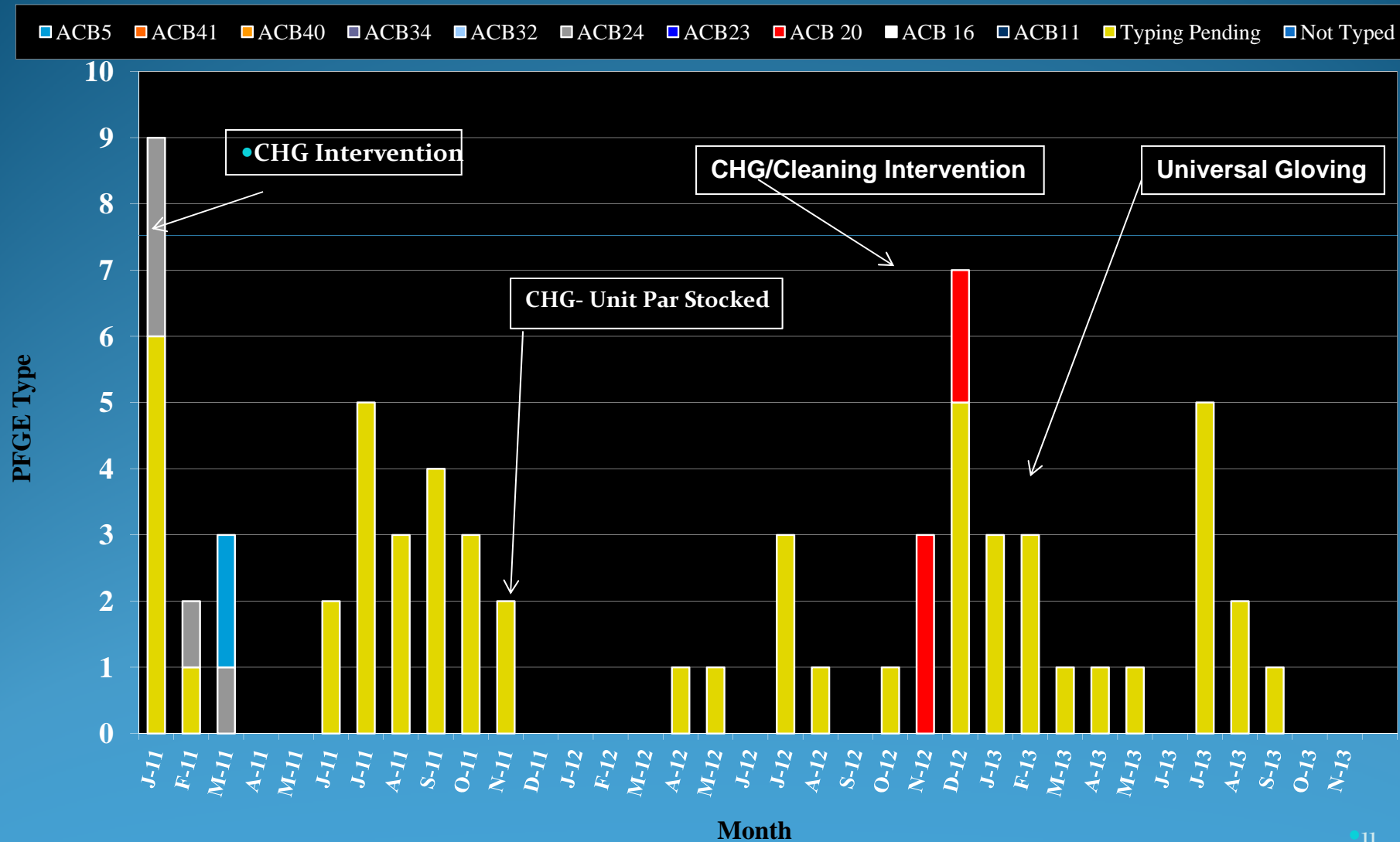
Surgical Site Infections 1/2013-10/2013

- Open Heart Surgery
 - Deep Incisional-0/108 (2.35%-8.49%)*
 - Superficial Incisional-0/108
- Hysterectomy
 - Deep Incisional-0/237 (4.05%)
 - Superficial 11/237
- Laminectomy-2/134 (2.3%)
 - Laminectomy rate decreasing since 2008
- Colon Surgery
 - Deep Incisional-0/121 (5.59%-9.47%)
 - Superficial Incisional-6/121 (4.9%)
- Hip Replacement Surgery-0/24
- Knee Replacement Surgery-0

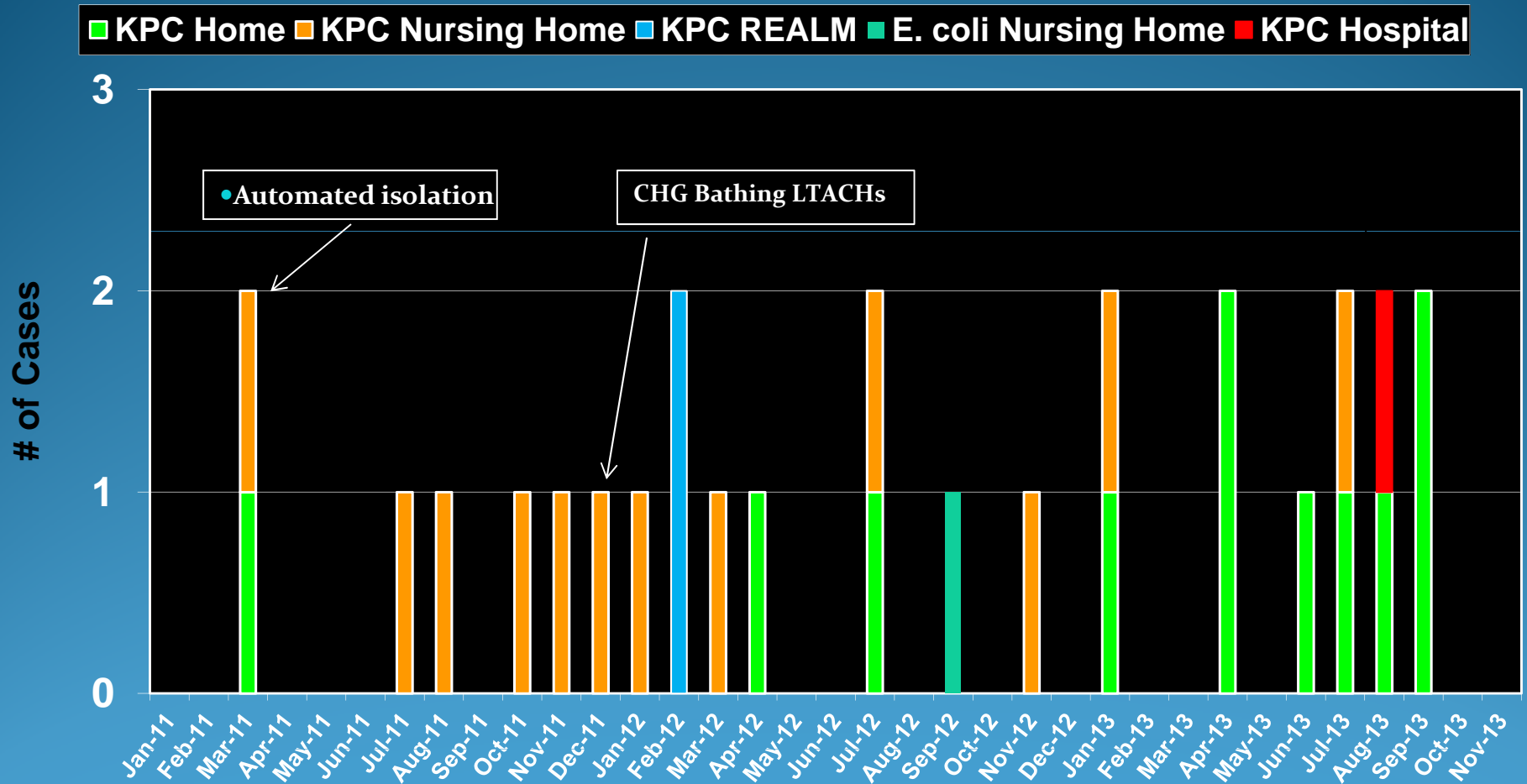
*NHSN Comparison Group

Multi-Drug Resistant Organisms

Acinetobacter baumannii 2013



Carbapenem-Resistant Enterobacteriaceae (CRE) 2011 - 2013

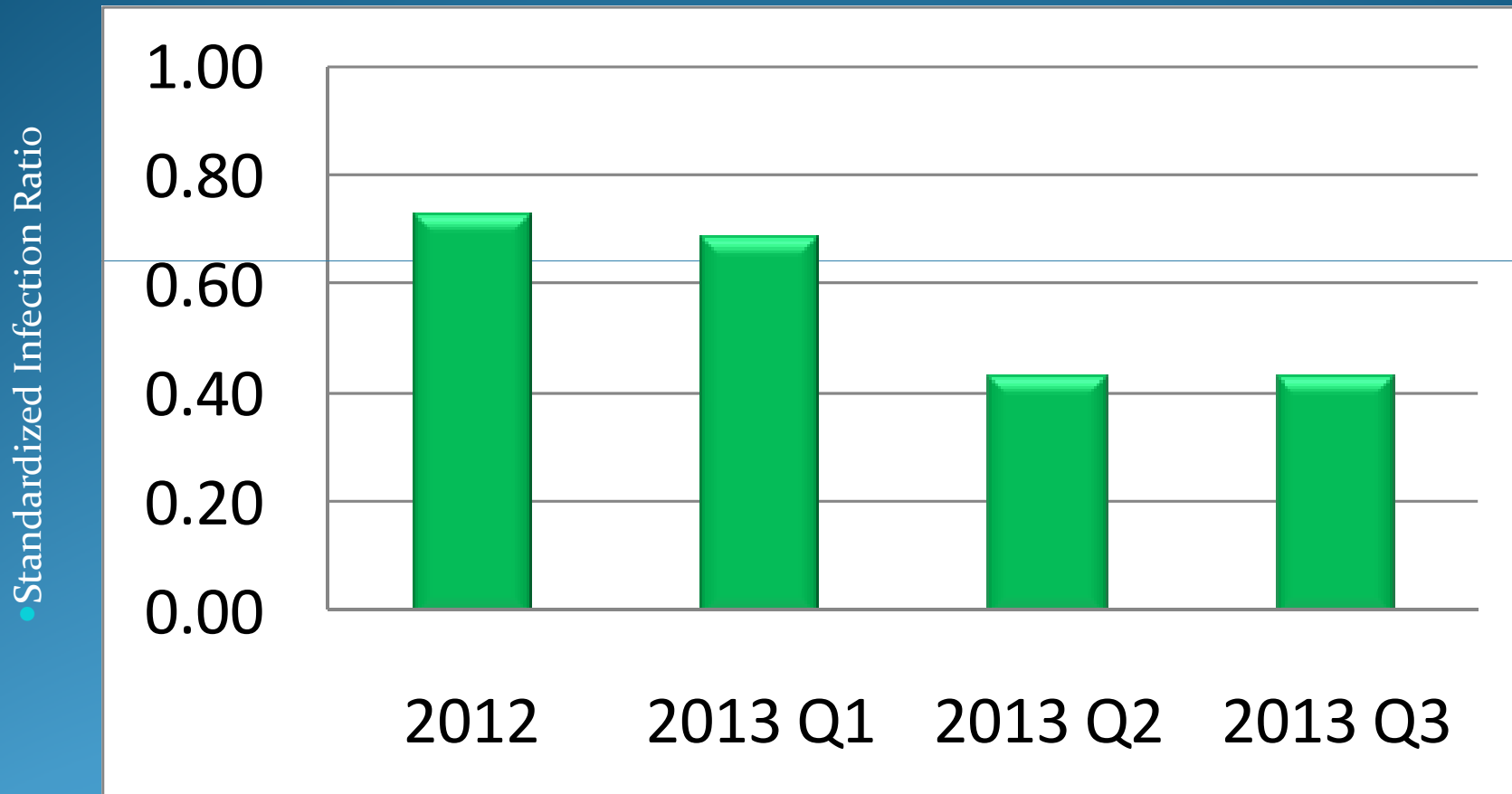


Prevention Plan- CRE*

- Adhere to CDC recommendations
- Preemptive contact precautions for patients admitted from long term care facilities
- Screening cultures for transfer patients (rectal and wound)
- Lab notifies system chief/ designee for all CRE
- Lab policies on culture result indicating need for isolation

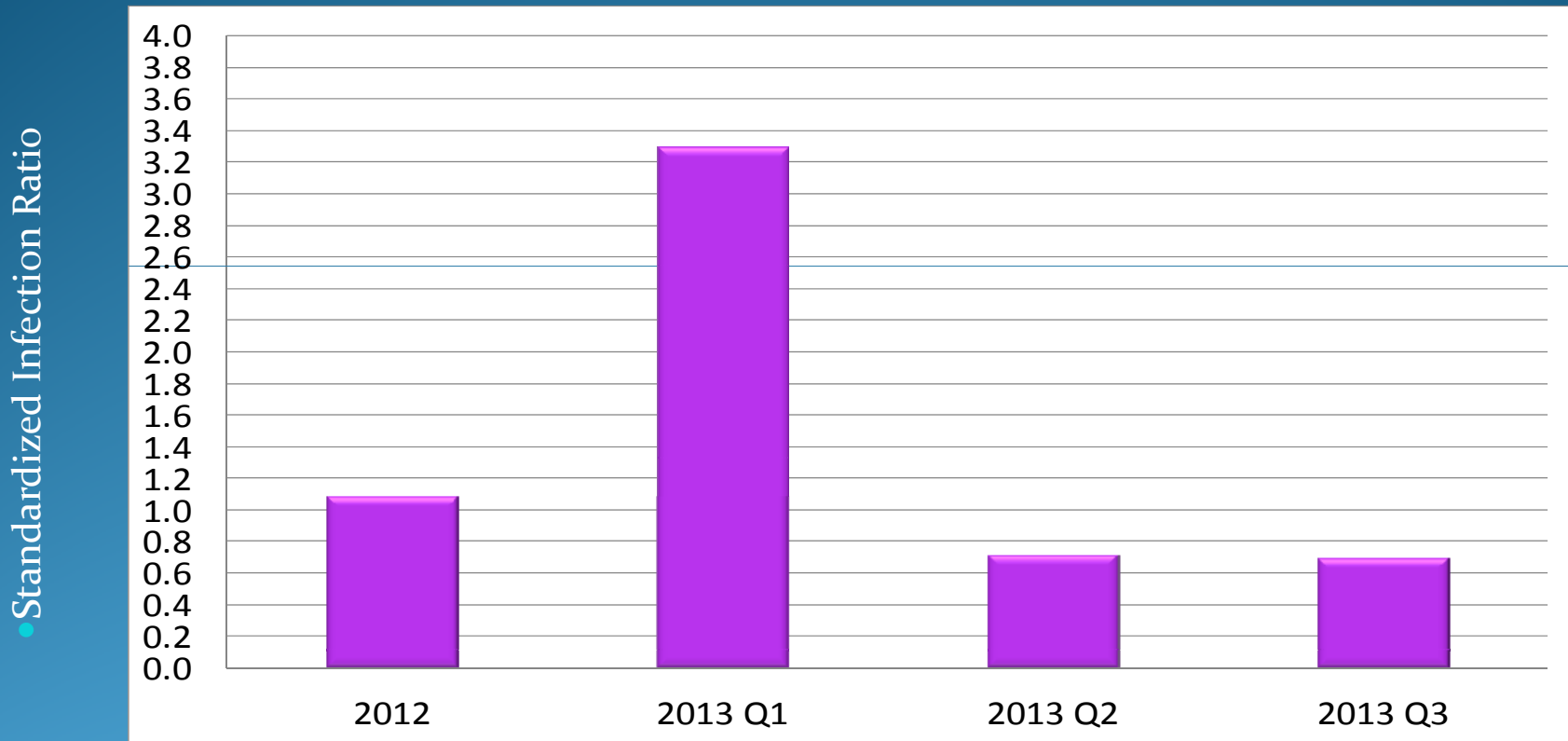
*Carbapenem Resistant Enterobacteriaceae

Healthcare Facility Onset *Clostridium difficile* Infections



• SIR= Standardized Infection Ratio= is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

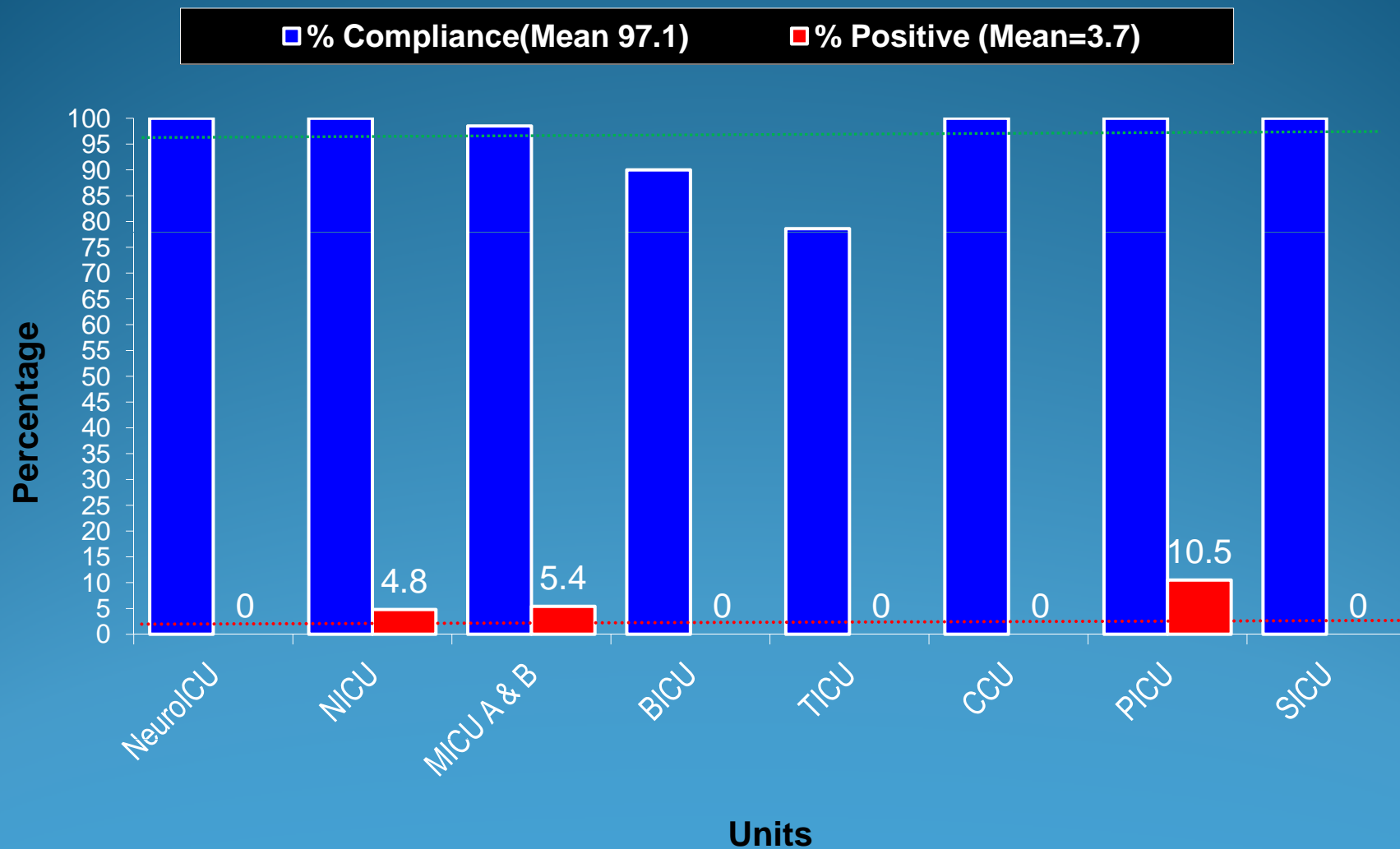
Healthcare Facility Onset MRSA Bloodstream Infections



- SIR= Standardized Infection Ratio= is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR >1.0 indicates more HAIs were observed than predicted, conversely, SIR of <1.0 indicates that fewer HAIs were observed than predicted.

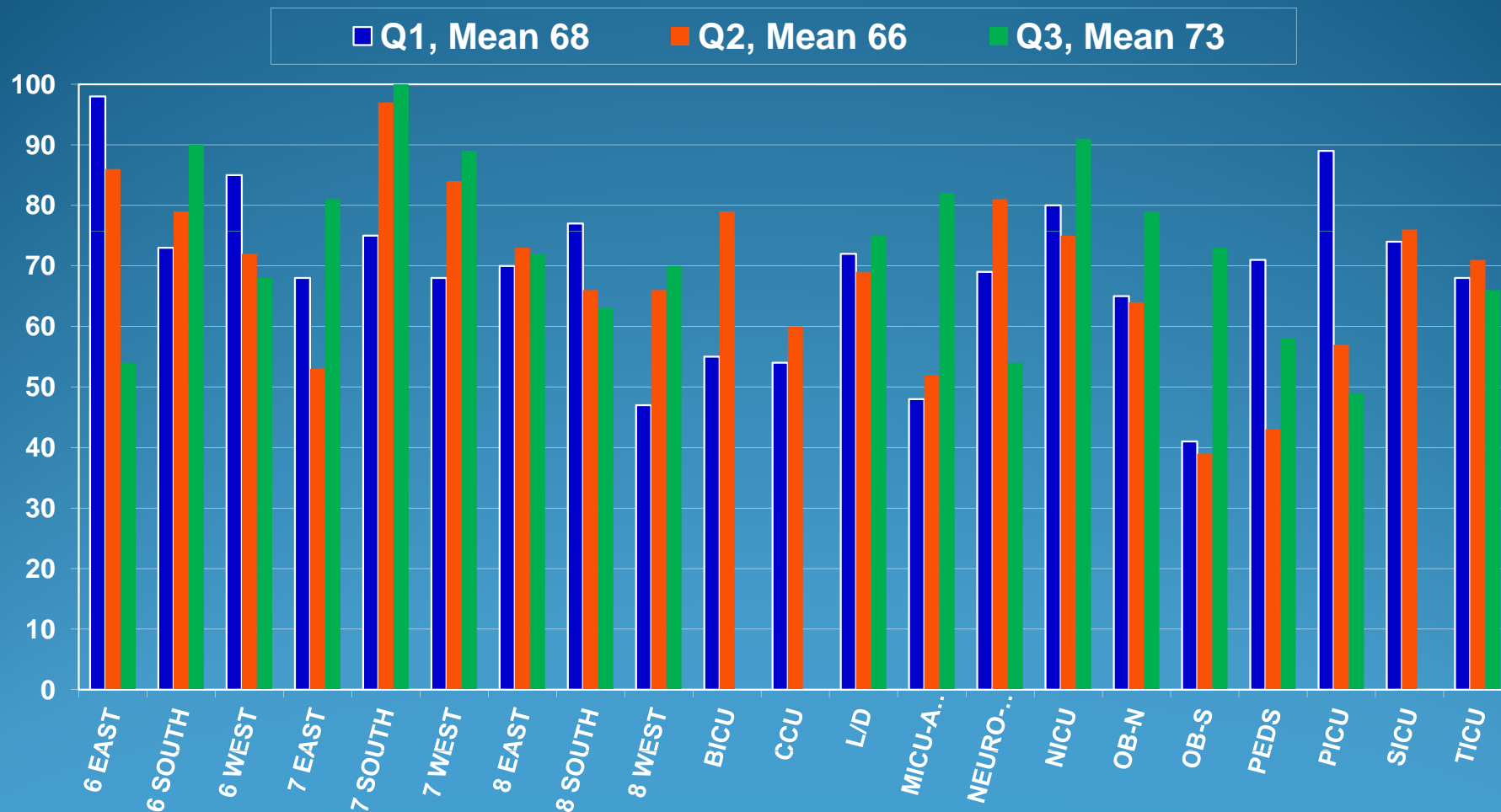
MRSA= Methicillin Resistant Staphylococcus Aureus

MRSA Surveillance and Positive Rate

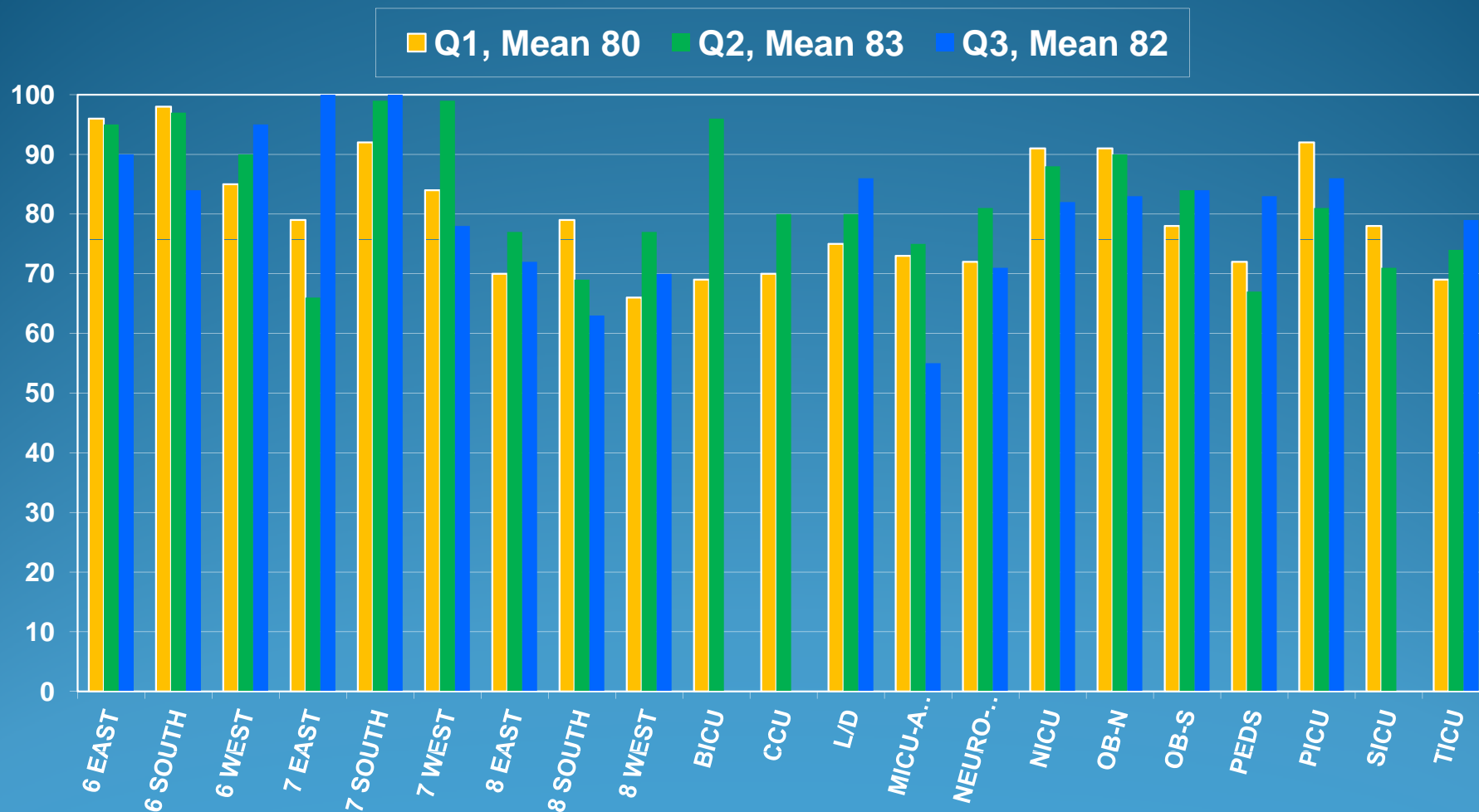


Compliance Monitoring

Hand Hygiene Compliance Before Patient Contact



Hand Hygiene Compliance After Patient Contact



Healthcare Associated Infections 2013

Summary

	Number of Infections	Device/ Procedure/ Patient Days	Predicted Number of Infections	JSHCC SIR	Illinois SIR	U.S. SIR
CLABSI	8	14,917	22	0.363	0.524	0.545
CAUTI	25	8,325	25	1.0	1.099	1.127
SSI-Colon(DIP)	0	121	9.9	0	0.706	0.831
SSI-Abd. Hys. (DIP)	0	237	6	0	0.759	0.903
MRSA	12	89,316	8.5	1.4	0.643	1.019
C. difficile	27	80,354	54	0.5	0.962	0.966

SIR= Standardized Infection Ratio.

NHSN- National Healthcare Safety Network

QUESTIONS

Cook County Health and Hospitals System
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ATTACHMENT #3

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Corrigan, Eliona, DO Appointment Effective:	Radiology February 25, 2014 thru February 24, 2016	Active Physician
Gopireddy, Dheeraj Reddy, MD Appointment Effective:	Radiology February 25, 2014 thru February 24, 2016	Active Physician
Gwinn, Elizabeth, MD Appointment Effective:	Trauma February 25, 2014 thru February 24, 2016	Voluntary Physician
Minutti, Carla, MD Appointment Effective:	Pediatrics/Endocrinology February 25, 2014 thru February 24, 2016	Voluntary Physician
Roberts, John Mose, MD Appointment Effective:	Surgery/Ophthalmology February 25, 2014 thru February 24, 2016	Voluntary Physician
Slyvka, Roman, MD Appointment Effective:	Anesthesiology/Pain Management February 25, 2014 thru February 24, 2016	Active Physician

Initial Non-Physician Appointment Application

Telander, Kyle, PhD Appointment Effective:	Psychiatry/psychology February 25, 2014 thru February 24, 2016	Clinical Psychologist
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REAPPOINTMENT APPLICATIONS

Department of Correctional Health Services

Feldman, Elizabeth, MD Reappointment Effective:	Medicine/Surgery March 16, 2014 thru March 15, 2016	Active Physician
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Department of Emergency Medicine

Lee, Moses, MD Reappointment Effective:	Emergency Medicine March 15, 2014 thru March 14, 2016	Active Physician
Schabowski, Shari, MD Reappointment Effective:	Emergency Medicine March 15, 2014 thru March 14, 2016	Active Physician

Department of Medicine

DeMarais, Patricia L., MD Reappointment Effective:	Infectious Disease March 23, 2014 thru March 22, 2016	Active Physician
Dworkin, Mark S., MD Reappointment Effective:	Infectious Disease February 25, 2014 thru February 24, 2015	Consulting Physician
Fegan, Claudia, MD Reappointment Effective:	General Medicine March 22, 2014 thru March 21, 2016	Active Physician
Kavinsky Clifford J., MD Reappointment Effective:	Adult Cardiology March 16, 2014 thru March 15, 2016	Voluntary Physician

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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications
Department of Medicine (continued)

Kowalski, John A., MD Reappointment Effective:	Infectious Disease March 22, 2014 thru March 21, 2016	Active Physician
O'Brien, John M., MD Reappointment Effective:	General Medicine March 22, 2014 thru March 21, 2016	Active Physician
Saleem, Mohammed A., MD Reappointment Effective:	General Medicine March 17, 2014 thru March 16, 2016	Active Physician
Sefer, Vesna, MD, MPH Reappointment Effective:	General Medicine March 22, 2014 thru March 21, 2016	Active Physician
Tanwar, Sonia, MD Reappointment Effective:	General Medicine April 30, 2014 thru April 29, 2016	Active Physician

Department of Pathology

Sekosan, Marin, MD Reappointment Effective:	Pathology February 25, 2014 thru February 24, 2016	Active Physician
Utset, Manuel, MD Reappointment Effective:	Pathology March 15, 2014 thru March 14, 2016	Consulting Physician
Valyi-Nagy, MD Reappointment Effective:	Pathology March 15, 2014 thru March 14, 2016	Voluntary Physician

Department of Pediatrics

Al-Abdulla, Ra-id, MD Reappointment Effective:	Cardiology	Active Physician
Kamat, Medha, MD Reappointment Effective:	Neonatology/Fantus March 20, 2014 thru March 19, 2016	Active Physician

Department of Psychiatry

Matek, Deborah, MD Reappointment Effective:	Child Adolescent March 20, 2014 thru March 20, 2016	Active Physician
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Department of Surgery

Sriram, Krishnan, MD Reappointment Effective:	Surgical Critical Care February 25, 2014 thru February 24, 2016	Active Physician
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Renewal of Privileges for Non-Medical Staff

Anderson, Karla, PsyD Reappointment Effective:	Psychiatry/Child Adolescent March 23, 2014 thru March 22, 2016	Clinical Psychologist
Aschkenasy, Jeannie, PsyD Reappointment Effective:	Psychiatry/Child Adolescent/Juvenile February 25, 2014 thru February 24, 2016	Clinical Psychologist
Brenzinger, Mark A., PsyD Reappointment Effective:	Psychiatry/Child Adolescent March 20, 2014 thru March 19, 2016	Clinical Psychologist

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CCHHS
APPROVED

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John H. Stroger, Jr. Hospital of Cook County
Renewal of Privileges for Non-Medical Staff (continued)

Buenaventura, Brian J., CRNA Effective:	Anesthesiology March 20, 2014 thru March 19, 2016	Nurse Anesthetist
Canzona, John (Jack), PsyD Reappointment Effective:	Psychiatry - ACHN February 25, 2014 thru February 24, 2016	Clinical Psychologist
Davis, Gregory., PhD Reappointment Effective:	Psychiatry/ACHN February 25, 2014 thru February 24, 2016	Clinical Psychologist
Goldstein, Deborah, CNP With Guerra, Yannis S., MD Effective:	Medicine / Endocrinology March 20, 2014 thru March 19, 2016	Nurse Practitioner
Hosek, Sybil G., PhD Reappointment Effective:	Psychiatry/Child Adolescent February 25, 2014 thru February 24, 2016	Clinical Psychologist
Lewis, Gregory, PsyD Reappointment Effective:	Psychiatry/Child Adolescent March 20, 2014 thru March 19, 2016	Clinical Psychologist
Reyes, Margaret E., CNP With Smith, Nora M., MD Effective:	Family Practice / ACHN March 20, 2014 thru March 19, 2016	Nurse Practitioner

Medical Staff Additional Clinical Privileges

Percutaneous closure of atrial septal defect (ASD Closure) with proctoring:

Ansari, Najamul, MD	Medicine/Cardiology
Kavinsky, Clifford, MD	Medicine/Cardiology

Medical Staff Status Change with no Change in Privileges

Bienarz, Andre L., MD	Obstetrics/Gynecology/MFM	From Active to Voluntary physician
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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 25, 2014



Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATION

Sylvka, Roman., MD
Appointment Effective:

Anesthesiology
February 25, 2014 thru February 24, 2016

Affiliate Physician

REAPPOINTMENT APPLICATION

Department of Internal Medicine

Charles, Lesley A., MD
Reappointment Effective:

Infectious Disease
February 25, 2014 thru February 24, 2016

Active Physician

Fisher, Thomas L., Sr., MD
Reappointment Effective:

Dermatology
March 28, 2014 thru March 27, 2016

Consulting Physician

Medical Staff Status Change with no Change in Privileges

Tai, Jahangir, DO

Emergency Medicine

From Voluntary to Active

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